

SUPERIOR COURT

STATE OF MAINE

DISTRICT COURT

\_\_\_\_\_, ss.

Location \_\_\_\_\_

Docket No. \_\_\_\_\_

Docket No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff**SUPPLEMENTAL WORKSHEET**

v.

\_\_\_\_\_  
Defendant**Supplemental Child Support Worksheet**

(For use when parents provide substantially equal care. FM-040 must be prepared first.)

Higher income parent is the ☐ plaintiff ☐ defendant.

14. Higher income parent's share of basic weekly support

\_\_\_\_\_ (higher of line 7a and 7b) x \_\_\_\_\_ (line 8) = 14. \_\_\_\_\_

15. Enhanced weekly support entitlement

\_\_\_\_\_ (line 8) x 1.5 = 15. \_\_\_\_\_

16. Lower income parent's share of enhanced weekly support entitlement

\_\_\_\_\_ (lower of line 7a and 7b) x \_\_\_\_\_ (line 15) = 16. \_\_\_\_\_

17. Higher income parent's share of enhanced weekly support entitlement

\_\_\_\_\_ (higher of line 7a and 7b) x \_\_\_\_\_ (line 15) = 17. \_\_\_\_\_

18. Enhanced Support Obligation

\_\_\_\_\_ (line 17) - \_\_\_\_\_ (line 16) = 18. \_\_\_\_\_

19. Presumptive Parental Support Obligation

Enter the amount from line 14 or line 18, whichever is less = 19. \_\_\_\_\_

20. Additional expenses to be shared by parents in proportion to their incomes:

Expense	Weekly Amount	Parent Paying	HIP Share*	LIP Share*
Health Insurance (enter amount from line 9)			\$	\$
Child Care (enter amount from line 10)			\$	\$
Extraordinary Medical Expenses (enter amount from line 11)			\$	\$
*HIP = higher income parent      *LIP – lower income parent <b>TOTAL:</b>			\$	\$

Adjustment for additional expenses

= 20. \_\_\_\_\_

(If HIP pays the expense(s), subtract LIP share.

If LIP pays the expense(s), add HIP share.

Do not include on line 20 amount(s) HIP pays directly to a provider because this is taken into account elsewhere in the calculations.)

21. Total weekly support obligation of HIP to be paid to LIP

= 21. \_\_\_\_\_